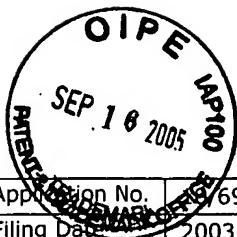




ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> CD, Number of CD(s)			
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Preliminary		<input type="checkbox"/> After Allowance Communication to Group			
<input type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)			
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Status Letter			
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52/1.53		<input checked="" type="checkbox"/> Acknowledgement Postcard			
<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Licensing-related Papers		<u>Remarks:</u>			
<input type="checkbox"/> Petition to Revive Abandoned Application					
<input type="checkbox"/> Petition to Convert to a Provisional Application					
<input type="checkbox"/> Petition					
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Associate <input type="checkbox"/> Revocation & New <input type="checkbox"/> Change of Correspondence Address					
<input type="checkbox"/> Terminal Disclaimer					
<input type="checkbox"/> Request for Refund					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm/Individual	Adenike A. Adebiyi, Reg. 42,254				
Signature	<i>Adenike Adebiyi</i>				
Date	09/14/2005				
CERTIFICATE OF TRANSMISSION/MAILING					
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.					
Typed or printed name		Adenike A. Adebiyi			
Signature		<i>Adenike Adebiyi</i>		Date	09/14/2005

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.



Fee Transmittal for FY 2005

Application No.	699450	Attorney Docket	SP02-275
Filing Date	2003-10-31	Art Unit	2874
First Inventor	Venkata A. BHAGAVATULA	Examiner	Omar R. Rojas
Title	Small Mode-Field Fiber Lens		
<input type="checkbox"/> Applicant claims small entity status.		Total Amount of Payment \$ 200	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **03-3325** Deposit Account Name: **Corning Incorporated**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees (\$)		Search Fees (\$)		Examination Fees (\$)		Fees Paid (\$)
	Large Entity	Small Entity	Large Entity	Small Entity	Large Entity	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	
	Large Entity	Small Entity
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims	Fee(\$)	Fee Paid(\$)
17	-20 or HP=	0	X 50	= 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims		Extra Claims	Fee(\$)	Fee Paid(\$)
5	-3 or HP=	1	X 200	= 200

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See U.S.C. 41(a)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof (round up to a whole number)	Fee (\$)		Fee Paid (\$)
	-100 =		/50			=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fee Paid (\$)
Other (e.g., late filing surcharge): _____	

Submitted By	Adenike A. Adebisi	Registration No.	42,254	Telephone	281-856-8646
Signature	<i>Adenike Adebisi</i>	Date	09/14/2005		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/699450 Confirmation No. 2835
Applicant : Venkata A. BHAGAVATULA
Filed : 2003-10-31
Art Unit : 2874
Examiner : Omar R. Rojas

Docket No. : SP02-275
Customer No. : 22928
Title : Small Mode-Field Fiber Lens

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

REPLY UNDER 37 CFR §1.111

Honorable Sir:

In response to the Office Action dated June 15, 2005, kindly amend the application identified above as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.